FOG Pump-Out Report

Preferred Pumper Program

Mail to:
Municipality Contact

A. Facility Information

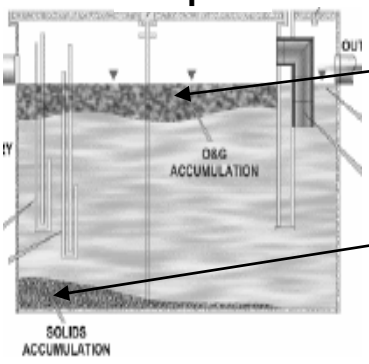
Facility Name:_____ Facility ID:_____

Location Address:_____ *Trap location:*_____

City:_____ State:_____ Zip:_____ Telephone:_____

B. Description of Condition (circle one):

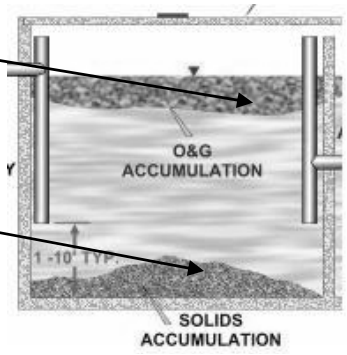
Trap



1. Depth of Grease: ☐☐ inches

2. Depth of Solids: ☐☐ inches

Interceptor



4. Trap baffles removed and cleaned? ❑ Yes ❑ No
5. Trap refilled with water? ❑ Yes ❑ No
6. Grease Trap / Interceptor Condition:
   ❑ Fully Functional ❑ In Need of Repair ❑ Could Not Observe
   Explain:_____
7. Facility Manager Notified of Grease Trap Condition? ❑ Yes ❑ No

C. Certification

I hereby certify that all information provided herein is true and correct to the best of my knowledge. Interceptor/trap serving this establishment was cleaned completely of residual fats, oils, grease and other solid materials.

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Print name of Waste Hauling Company

☐☐☐☐☐☐☐☐☐☐
Hauler Manifest No.

_____
Signature of Person Performing Maintenance

☐☐ – ☐☐ – ☐☐
Date: Month/Day/Year

Complete this form and mail to the municipality contact within 10 days of completion of pump-out. Failure to comply with FOG requirements may result in unannounced follow-up inspection of the facility and inspection fees as appropriate.